



SICK LEAVE BANK REQUEST FORM

ONLY EMPLOYEES WHO HAVE DONATED TO THE BANK ARE ELIGIBLE TO REQUEST SICK LEAVE FROM THE POOL

NAME _____ ID # _____

POSITION _____ FTE _____

LOCATION _____ PHONE _____

HOME ADDRESS _____

An employee who is a member of the Voluntary Sick Leave Bank may request sick leave (maximum of 15 working days) from the pool after exhausting all accumulated leave (vacation and sick). Leave may be requested and used only for catastrophic personal illness or injury of the employee or to care for a parent, spouse, domestic partner, or child with a serious health condition as stipulated under the Family and Medical Leave Act (FMLA). A licensed medical practitioner's statement describing the severity of the illness or injury, the diagnosis, the date it began, and the probable duration must be included with this request.

I hereby request approval of the following Sick Leave Bank usage:

Number of Days Requested _____ Beginning Date of Leave _____

Reason for Request _____

Name of person experiencing catastrophic illness and relationship to employee: _____

A licensed medical practitioner's statement describing the severity of the illness or injury, diagnosis, the date it began, and probable duration is attached.

Signature of person making request _____ Date _____
(If requestor is other than the employee, please indicate relationship to the employee)

TO BE COMPLETED BY HUMAN RESOURCES	
Date Received _____	Membership Confirmed _____
Number of Days Approved _____	Number of Days Used _____
Awarded Bank Days Used _____	Days Reverting to Bank Pool _____
in the past 12 months	
() Request Approved	() Request Denied
HR Signature _____	